

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

22669 ✓

Registration District No.

754

Primary Registration District No.

200

Registrar's No.

7379

1. PLACE OF DEATH:

- (a) County St. Louis
 (b) City or town Kash
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Robert Koch Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 months (Specify whether
 In this community 24 years years, months or days)

3. (a) PRINT
FULL NAMEGeorge W. Smith Jr.

3. (b) If veteran

name war

No

3. (c) Social Security

No. 489-10-2334

4. Sex

M5. Color or
raceN6. (a) Single, widowed, married,
divorcedSO

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

alive years

7. Birth date of deceased

May
(Month)5
(Day)1916
(Year)

8. AGE:

Years

25

Months

1

Days

26

If less than one day

hr. min.

9. Birthplace

St. Louis
(City, town, or county)Missouri
(State or foreign country)

10. Usual occupation

Shipping Clerk

11. Industry or business

12. Name George W. Smith
 13. Birthplace New Orleans, La.
 (City, town, or county) (State or foreign country)
 14. Maiden name Willa Mae Smith
 15. Birthplace Mobile
 (City, town, or county) (State or foreign country)

16. (a) Informant

Hospital Records

(b) Address

Robert Koch Hospital17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

7-2-1941
(Month) (Day) (Year)

(c) Place: burial or cremation

Cemetery

18. (a) Signature of funeral director

A. L. Beal and Co.

(b) Address

2726 Lucas Ave19. (a) JUL 1 1941

(Date received local registrar)

(b) R. Meyer, M.D.

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4328 West Bell Blvd
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29
 year 1941 hour 8 minute 06 P. M.

21. I hereby certify that I attended the deceased from February
18 1941, to June 29 1941;
 that I last saw him alive on June 25 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death

Tuberculosis of lungs

Duration

6 months

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Denied

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

(Specify type of place)

(e) Means of injury

23. Signature Herbert C. Smith (M. D. or other)Address Robert KochDate signed 6/29/41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

G. D. Richardson

Licensed Embalmer No. *2928*

P. O. Address. *2625 Glenwood*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.